



ESCARPMENT DRESSAGE
Membership Application
All areas to be completed

Applicant Information:

Name: _____ Phone #: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

E-mail: _____

OEF #: _____ Equestrian Canada #: _____

****Please attach a copy of your OEF card with number****
****If e-mailing form please scan card and attach****

Membership Fee: \$ 30.00

Payable by:

Cash: _____ Cheque: _____ E-Transfer: _____

Cheques payable to Escarpment Dressage

E-mail Transfers to be sent to marylynnsheridan@grey13.ca with the password **Apples**

I authorize the verification of the information provided on this form

Name: _____

Date: _____

Please e-mail completed membership Application to marylynnsheridan@grey13.ca

Once your Application is received you will be assigned a membership number